

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16678

2025

1. PLACE OF DEATH

County Jackson Registration District No. 100 File No. 16678
 Township 13000 Primary Registration District No. 1000 Registered No. 16678
 City Kansas City (No. K.C. General) St. Mo. (Ward)

2. FULL NAME

Bert Upchurch
 (a) Residence, No. 1115 W. 24th St. Ward. 13
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 5 mos. 0 ds. How long in U. S., if of foreign birth? yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Phillip
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 1891
 7. AGE YEARS 42 MONTHS 8 DAYS 29 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Baker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baker
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME Wesley Upchurch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Elizabeth Phillip

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Reverend Clerk, St. Louis Hospital, St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE May 8 1934

19. UNDERTAKER (ADDRESS) Quinn & Tobin Co., 20 W. Broadway

20. FILED May 7 1934 M. M. Groome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-6 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-4 1934 to 5-6 1934

I last saw him alive on 5-6 1934 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:
Pulver Pneumonia Date of onset 10/8

Other contributory causes of importance:
10/8

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) W. J. Bennett, M. D.
 (Address) St. Louis Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 19 1934

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